

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JB       |        | 04-26-01 |
| O.I.P.E. CLASSIFIER       |          | 13     | 7/2/01   |
| FORMALITY REVIEW          | TU       | 870    | 08/01/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim          | Date   |
|----------------|--------|
| Final Original | 1      |
| 1              | 1/2/01 |
| 2              | 1/2/01 |
| 3              | 1/2/01 |
| 4              | 1/2/01 |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original | 101  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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